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**To: PTO, Examiner Davis**  
**Fax No. 703-872-9306**

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**Withers & Keys, LLC**  
**Fax No. 678-565-4749**

**Date: July 1, 2004**

**5 pages (including cover)**

**Application No.: 09/749,399**

**Message Text:**

**Transmittal Form  
Statement under 3.73  
Revocation  
New Power of Attorney**

Jeramie Keys

770 668 9

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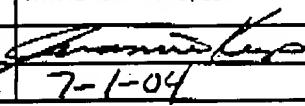
PTO/SB/21 (02-04)

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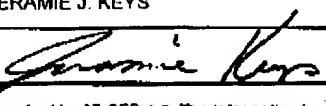
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/749,399	
		Filing Date	December 28, 2000	
		First Named Inventor	Espejo et al.	
		Art Unit	2681	
		Examiner Name	T. M. Davis	
Total Number of Pages in This Submission		4	Attorney Docket Number	20009.0005USU1 (BS00-129)

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): _____	
Remarks			
Power of Attorney and Correspondence Address Indication Form: Statement Under 37 CFR 3.73(b)			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	WITHERS & KEYS, LLC
Signature	
Date	7-1-04

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Typed or printed name	JERAMIE J. KEYS	
Signature		Date
	7-1-04	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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